

**LOCAL NUMBER PORTABILITY FORM**

<b>SECTION 1: CLEC INFORMATION</b>	
Centennial de Puerto Rico OCN 8305	
PO Box 71514 San Juan, Puerto Rico 00936-8614	
Tel.	Fax: 787-620-0449 & 787-620-8848
Contact: Victor J Pinela	Signature:

<b>SECTION 2: END USER INFORMATION</b>	
Customer Name:	Social Security No.
Billing Telephone Number and Customer Code:	
Physical Address:	Customer's Billing Address:
City:	City:
State PR Zip Code:	State PR Zip Code:

<b>SECTION 3: Port Numbers</b>	
1)	3)
2)	4)

<b>SECTION 4: Technical Information</b>	
Contact:	TG#:
Tel:	Sent Date:
	PORT DATE:

This Letter authorizes Centennial de PR to access account information from any current & future providers of telecommunication goods and services.

This Letter authorizes Centennial de PR to request orders for changes, additions or other modifications of services on my behalf at any time.

Customer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Customer Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

<b>Special Condition:</b>

